



# Volunteer Application

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## AGREEMENT

### Volunteer agrees:

- Must be 14 years old or older unless parent or guardian works with you.
- To be on time and work all scheduled hours OR notify STF within 4 or more hours before your shift.
- To maintain a positive attitude and show respect to everyone.
- To keep all personal electronic devices off or out of sight when helping customers.

### State Theater Foundation Board Members agrees:

- To treat the volunteer with respect.
- To provide the volunteer with appropriate duties that matches his or her experience.
- To provide trained Team Leaders to guide and assist the volunteer.
- To provide orientation, training and evaluation for the volunteer as needed.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STF Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PARENT/LEGAL GUARDIAN INFORMATION (if volunteer is 14 years old must be signed)**

Parent/Legal Guardian Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_